Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

Claim 1 (Currently amended): A method of treating a patient, comprising the steps of:

transluminally advancing a prosthesis in a first configuration into the coronary sinus;

manipulating the prosthesis to a second configuration different from the first configuration to exert a compressive force on the mitral valve annulus;

monitoring hemodynamic function while the prosthesis is in the second configuration to assess mitral valve regurgitation; and

adjusting the prosthesis to a third configuration different from the second configuration in response to the monitoring step.

Claim 2 (Previously presented): The method as in claim 1, further comprising the step of percutaneously accessing the venous system prior to the transluminally advancing step.

Claim 3 (Previously presented): The method as in claim 2, wherein the accessing step is accomplished by accessing one of the internal jugular, subclavian or femoral veins.

Claim 4 (Previously presented): The method as in claim 1, wherein the manipulating step comprises axially moving a forming element with respect to the prosthesis, to bend the prosthesis.

Claim 5 (Previously presented): The method as in claim 1, wherein the transluminally advancing step is accomplished using a catheter.

Claim 6 (Previously presented): The method as in claim 1, further comprising the step of locking the prosthesis to retain a compressive force on the annulus following the adjusting step.

Claim 7 (Previously presented): The method as in claim 6, wherein the locking step comprises moving an engagement surface from a disengaged configuration to an engaged configuration.

Claim 8 (Previously presented): The method as in claim 6, wherein the locking step comprises providing an interference fit.

Claim 9 (Previously presented): The method as in claim 6, wherein the locking step comprises providing an adhesive bond.

Claim 10 (Previously presented): The method as in claim 6, wherein the locking step comprises providing a knot.

Claim 11 (Previously presented): The method as in claim 6, wherein the locking step comprises providing a compression fit.

Claim 12 (Previously presented): The method as in claim 1, further comprising the steps of first measuring the coronary sinus and then selecting an appropriately sized prosthesis prior to the advancing step.

Claim 13 (Previously presented): The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using transesophageal echo cardiography.

Claim 14 (Previously presented): The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using surface echo cardiographic imaging.

Claim 15 (Previously presented): The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using intracardiac echo cardiographic imaging.

Claim 16 (Previously presented): The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using fluoroscopy with radiocontrast media.

Claim 17 (Previously presented): The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using left atrial or pulmonary capillary wedge pressure measurements.

Claim 18 (Previously presented): The method as in claim 1, further comprising the step of determining an ongoing drug therapy taking into account post implantation hemodynamic function.

Claim 19 (Currently amended): A method of remodeling a mitral valve annulus to reduce mitral valve regurgitation, comprising the steps of:

~~providing a prosthesis which is adjustable between a first configuration for positioning adjacent the mitral valve annulus and a second configuration for exerting a compressive force against the mitral valve annulus;~~

advancing [[the]] an adjustable prosthesis in a first configuration to a position adjacent the mitral valve annulus;

manipulating the prosthesis from the first configuration toward a second configuration for exerting a compressive force against the mitral valve annulus to reduce mitral valve regurgitation;

monitoring the degree of regurgitation while manipulating the prosthesis from the first configuration toward the second configuration; and

~~adjusting~~ fixing the prosthesis in the second configuration in response to the monitoring step.

Claim 20 (Currently amended): The method of remodeling a mitral valve annulus as in claim 19, wherein sufficient ~~tightening is accomplished~~manipulating is performed to achieve at least a one grade reduction in regurgitation.

Claim 21 (Previously presented): The method as in claim 19, further comprising the step of percutaneously accessing the venous system prior to the transluminally advancing step.

Claim 22 (Previously presented): The method as in claim 21, wherein the accessing step is accomplished by accessing one of the internal jugular, subclavian or femoral veins.

Claim 23 (Currently amended): The method as in claim 19, wherein the ~~tightening~~ manipulating step comprises axially moving a forming element with respect to the prosthesis, to bend the prosthesis.

Claim 24 (Currently amended): The method as in claim 19, further comprising the step of locking the prosthesis to retain a compressive force on the annulus following the ~~tightening~~ manipulating step.

Claim 25 (Previously presented): The method as in claim 24, wherein the locking step comprises moving an engagement surface from a disengaged configuration to an engaged configuration.

Claim 26 (Previously presented): The method as in claim 24, wherein the locking step comprises providing an interference fit.

Claim 27 (Previously presented): The method as in claim 24, wherein the locking step comprises providing an adhesive bond.

Claim 28 (Previously presented): The method as in claim 24, wherein the locking step comprises providing a knot.

Claim 29 (Previously presented): The method as in claim 24, wherein the locking step comprises providing a compression fit.

Claim 30 (Previously presented): The method as in claim 19, further comprising the steps of first measuring the coronary sinus and then selecting an appropriately sized prosthesis prior to the transluminally advancing step.

Claim 31 (Previously presented): The method as in claim 19, wherein the monitoring step is accomplished using transesophageal echo cardiography.

Claim 32 (Previously presented): The method as in claim 19, wherein the monitoring step is accomplished using surface echo cardiographic imaging.

Claim 33 (Previously presented): The method as in claim 19, wherein the monitoring step is accomplished using intracardiac echo cardiographic imaging.

Claim 34 (Previously presented): The method as in claim 19, wherein the monitoring step is accomplished using fluoroscopy with radiocontrast media.

Claim 35 (Previously presented): The method as in claim 19, wherein the monitoring step is accomplished using left atrial or pulmonary capillary wedge pressure measurements.

Claim 36 (Previously presented): The method as in claim 19, further comprising the step of determining an ongoing drug therapy taking into account post implantation hemodynamic function.

Claim 37 (Previously presented): The method as in claim 36, comprising measuring residual regurgitation following implantation and formulating an ongoing drug therapy taking into account the residual regurgitation.